

2014 - 2018 Capital Budget Request Form

Department Agency Number	#REF!	Contact Name							
Department Name	#REF!	Contact Number							
Date		Contact E-Mail							
Request #	Department Ranking	Priorty Criteria Ranking	Project Name	Project Amount	2014	2015	2016	2017	2018
1	1	1	Mosquito Hanger Repair	\$ 650,000.00				2017	
2	2	2	Biolab roof repair	\$ 91,000.00			2016	2017	
3	3	3	Mosquito Control airplane	\$ 300,000.00			2016	2017	
4	4	4	Demolish of warehouse on lake front	\$ 120,000.00				2017	
5	4	#REF!							
6	4	#REF!							
7	0	#REF!	0	\$ -					
8	0	#REF!	0	\$ -					
9	0	#REF!	0	\$ -					
10	0	#REF!	0	\$ -					
TOTAL				\$ 1,161,000.00	0	0	4032	8068	0

Department Head
Signature _____

Printed Name _____

Claudia Riegel _____

Date _____

Capital Budget Request Form			
Agency Number	685	Department Name	Mosquito Control
Project Name	Mosquito Hanger Repair	Department Priority Ranking	2
Project Type	Repair the hanger	Is a Land acquisition needed? (Y/N)	N - lease needs to be in place
Project Address	6601 Stars and Stripes Blvd	Council District	E
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair the hanger once a lease has been in place. It will be a requirment of the lease that the hanger be repaired . The architechual plans are complete. We have been waiting on the terms of the lease with the airport.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	Yes	If Yes please explain how this was funded and current status	PW
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	NO	If yes please provide estimate of increase in operating costs.	The utilities are paid by the airport
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$650,000	Proposed Funding Source	the specifics and plans are listed in the PW
Does this project fall in line with the current Zoning requirements	yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Mosquito Control is an essential service and the airplane is required to deliver aerial adulticiding.		
What Benefit(s) will be provided to Public from this project?	Aerial Mosquito control	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	685	Department Name	Mosquito Control
Project Name	Mosquito Hanger Repair	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Mosquito Control airplane	Department Priority Ranking	2
Project Type	replacement of the mosquito control airplane	Is a Land acquisition needed? (Y/N)	no
Project Address	N/A	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control airplane will need to be replaced in the near future due to serious corrosion and age of the airplane.		
Five Year Summary	The Mosquito Control airplane is the most important tool the city owns for mosquito abatement.		
Has an Architect or Engineer prepared drawings for this project?	N/A	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No, it will actually decrease since we are spending so much money on repairs and parts.	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 300,000.00	Proposed Funding Source	Capital
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Mosquito control is part of the city services. The plane has also been used by the Fire Dept. for marsh fire surveillance.		
What Benefit(s) will be provided to Public from this project?	We will be able to conduct effective mosquito control and protect the public from West Nile virus and other arboviruses and improve the quality of life of residents and visitors.	For what year are you requesting the Project? 2014,2015,2016, 2017, or 2018?	2015-2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	no	If no please discuss required improvements and estimated costs	none

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Mosquito Control airplane	Department Priority Ranking	3
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Biolab roof repair	Department Priority Ranking	3
Project Type	repair	Is a Land acquisition needed? (Y/N)	no
Project Address	1300 B Gentilly Road	Council District	E
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The roof of the biolab building was damaged by Katrina and needs to be repaired. The building has severe leaks.		
Five Year Summary	This is a long-term Mosquito Control building which is currently in use. We have no plans to move from the building.		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 91,000.00	Proposed Funding Source	Audubon Institute can contribute 15,000, NOMTC can d
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	repair a city building	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	no	If no please discuss required improvements and estimated costs	no

Capital Budget Request Priority Rating Form

Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Biolab roof repair	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	685	Department Name	Moquito Control
Project Name	Demolishing lakefront buildings	Department Priority Ranking	4
Project Type	Demo and return land to owner	Is a Land acquisition needed? (Y/N)	N
Project Address	6601 Stars and Stripes Blvd	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Demolish two warehouses (approx. 18,000 sq ft total) to fulfill the requirments of the PWs		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	n/a	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no, it will reduce	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$120,000	Proposed Funding Source	
Does this project fall in line with the current Zoning requirements	yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	685	Department Name	Mosquito Control
Project Name	Demolishing lakefront buildings	Department Priority Ranking	4
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	685	Department Name	Moquito Control
Project Name	Demolish of the Lakefront warehouse	Department Priority Ranking	4
Project Type	Demolish of city owned structure	Is a Land acquisition needed? (Y/N)	n
Project Address	6601 Stars and Stripes Blvd	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Demolish of the mosquito control wareshouse		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	Demolish of the Lakefront warehouse	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type		Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	0	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	0	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	200	Department Name	City Council
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	0	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	200	Department Name	City Council
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	0	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Blank	Blank	Blank	Blank
New			
Construction	Yes	A	1
Renovation	No	B	2
Repairs		C	3
Upgrade		D	4
Feasability			
Study		E	
Equipment			

- | Blank | Blank |
|-------|--|
| 200 | City Council |
| 210 | Mayors Office |
| 220 | Chief Administrative Officer |
| 230 | Law |
| 250 | NOFD |
| 270 | NOPD |
| 300 | Sanitation |
| 360 | Health |
| 380 | Welfare |
| 399 | Retirement |
| 400 | Finance |
| 450 | Property Management |
| 500 | DPW |
| 550 | Utilities |
| 580 | NORD |
| 600 | Unattaced Boards and Commisions |
| 620 | Parks and Parkways |
| 630 | Library |
| 640 | Historic Distisct and Landmarks Commission |
| 650 | Vieux Carre Commision |
| 655 | Alcohol and Beverage |
| 670 | City Planning |
| 685 | Moquito Control |
| 689 | NOMA |
| 700 | Misc |
| 710 | General Services |
| 750 | Housing Urban Development |
| 770 | Training Division |
| 781 | Economic Development |
| 782 | Neighborhood Housing |
| 799 | Intergovermental |

800 Judicial
810 District Attorney
820 Coroner
830 Juvenile Court
832 First City Court
834 Civil Court
835 Municipal Court
837 Criminal Court
850 Criminal Sheriff
860 Criminal District Court
870 Registrar of Voters
880 Judicial Retirement
890 Enterprise Funds
892 French Market
893 Upper Porta
894 Delgado Plantation
895 Municipal Yacht Harbor
896 Orleans Parish Commission
897 Rivergate Development
898 Canal St. Development
899 Clearing Fund
900 Aviation

Blank

Blank

200 City Council
210 Mayors Office
220 Chief Administrative Officer
230 Law
250 NOFD
270 NOPD
300 Sanitation
360 Health
380 Welfare
399 Retirement
400 Finance
450 Property Management
500 DPW
550 Utilities
580 NORD
600 Unattaced Boards and Commisions
620 Parks and Parkways
630 Library
640 Historic Dististct and Landmarks Commission
650 Vieux Carre Commision
655 Alcohol and Beverage
670 City Planning
685 Moquito Control
689 NOMA
700 Misc
710 General Services
750 Housing Urban Development
770 Training Division
781 Economic Development
782 Neighborhood Housing
799 Intergovernmental
800 Judicial
810 District Attorney
820 Coroner
830 Juvenile Court
832 First City Court
834 Civil Court
835 Municipal Court
837 Criminal Court
850 Criminal Sheriff
860 Criminal District Court
870 Registar of Voters
880 Judicial Retirement
890 Enterprise Funds
892 French Market
893 Upper Porta

894 Delgado Plantation
895 Municipal Yacht Harbor
896 Orleans Parish Commision
897 Rivergate Development
898 Canal St. Development
899 Clearing Fund
900 Aviation